

## General

### Title

Medical assistance with smoking and tobacco use cessation: percentage of members 18 years of age and older who were current smokers or tobacco users who received advice to quit during the measurement year.

### Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 3, specifications for survey measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

## Measure Domain

### Primary Measure Domain

Clinical Quality Measures: Process

### Secondary Measure Domain

Does not apply to this measure

## Brief Abstract

### Description

This measure is one component of a three-part survey measure that assesses different facets of providing medical assistance with smoking and tobacco cessation. This measure uses survey data to assess the percentage of members 18 years of age and older who were current smokers or tobacco users and who received advice to quit smoking during the measurement year.

This measure is collected as part of the CAHPS Health Plan Survey 5.0H, Adult Version (commercial, Medicaid) or by Centers for Medicare & Medicaid Services (CMS) using the Medicare CAHPS Survey (Medicare).

See the related National Quality Measures Clearinghouse (NQMC) summaries of the National Committee for Quality Assurance (NCQA) measures:

[Medical assistance with smoking and tobacco use cessation: percentage of members 18 years of age and older who were current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.](#)

[Medical assistance with smoking and tobacco use cessation: percentage of members 18 years of age and older who were current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.](#)

## Rationale

Smoking and tobacco use is the leading preventable cause of death in the United States (U.S.), causing more than 430,700 deaths each year. Over 47 million Americans smoke or use tobacco, despite the risks. Seventy percent of smokers are interested in stopping smoking completely; smokers report that they would be more likely to stop smoking if a doctor advised them to quit (Centers for Disease Control and Prevention [CDC], 2005). A number of clinical trials have demonstrated the effectiveness of clinical quit-smoking programs. Getting even brief advice to quit is associated with a 30 percent increase in the number of people who quit (Fiore et al., 2000).

Specifications for this measure are consistent with current United States Preventive Services Task Force (USPSTF) (2003) recommendations. Quitting smoking reduces the risk of lung and other cancers, heart attack, stroke and chronic lung disease. Women who stop smoking before pregnancy or during the first three months of pregnancy reduce their risk of having a low-birth-weight baby to the same risk as women who never smoked. The excess risk of coronary artery disease is reduced by about half one year after quitting, and continues to decline gradually (USPSTF, 2003).

Smokers who quit before age 45 are likely to avoid 54 percent to 67 percent of expected lifetime economic losses due to smoking, and those over 70 are likely to avoid 32 percent to 52 percent of such costs. Evidence suggests that tracking smoking status as a "vital sign" leads to more aggressive counseling and higher quit rates.

## Evidence for Rationale

Centers for Disease Control and Prevention (CDC). Cigarette smoking among adults--United States, 2003. *MMWR Morb Mortal Wkly Rep.* 2005 May 27;54(20):509-13. [PubMed](#)

Fiore MC, Bailey WC, Cohen SJ, et al. Treating tobacco use and dependence. Quick reference guide for clinicians. Rockville (MD): U.S. Department of Health and Human Services. Public Health Service; 2000 Oct 1.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

U.S. Preventive Services Task Force (USPSTF). Counseling to prevent tobacco use and tobacco-caused disease: recommendation statement. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 2003 Nov. 13 p. [22 references]

## Primary Health Components

Smoking; tobacco use; cessation advice

## Denominator Description

The number of eligible members who responded to the survey and indicated that they were current smokers or tobacco users (see the related "Denominator Inclusions/Exclusions" field)

## Numerator Description

The number of members in the denominator who indicated that they received advice to quit from a doctor or other health provider (see the related "Numerator Inclusions/Exclusions" field)

## Evidence Supporting the Measure

### Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

### Additional Information Supporting Need for the Measure

- Smoking and tobacco use are the largest causes of preventable disease and death in the United States (U.S). Tobacco use causes disease in nearly every organ in the body (U.S. Department of Health and Human Services [HHS], 2014).
- The U.S. spends more than \$133 billion each year in direct medical care due to diseases caused by tobacco use. Indirect costs from lost productivity total more than \$156 billion each year (HHS, 2014).
- Smoking causes more than 480,000 deaths in the U.S each year—41,000 deaths are caused by secondhand smoke (Centers for Disease Control and Prevention [CDC], 2014).
- Smoking has killed more than 20 million Americans in the past 50 years (HHS, 2014).
- Approximately 42 million adults classified themselves as a smoker in 2012 (HHS, 2014).
- Quitting smoking and tobacco use can save lives and improve overall health. Comprehensive cessation interventions that motivate and help users to quit tobacco use can be very effective (CDC, 2014). Health care providers play an important role in supporting tobacco users and their efforts to quit.

### Evidence for Additional Information Supporting Need for the Measure

Centers for Disease Control and Prevention (CDC). Best practices for comprehensive tobacco control programs. Atlanta (GA): Centers for Disease Control and Prevention (CDC); 2014. 144 p.

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. 205 p.

U.S. Department of Health and Human Services (HHS). The health consequences of smoking—50 years of progress: a report of the Surgeon General. Rockville (MD): U.S. Department of Health and Human Services (HHS); 2014. 1015 p.

## Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where applicable, measures also are assessed for construct validity using the Pearson correlation test. All measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

## Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

## State of Use of the Measure

### State of Use

Current routine use

### Current Use

not defined yet

## Application of the Measure in its Current Use

### Measurement Setting

Managed Care Plans

### Professionals Involved in Delivery of Health Services

not defined yet

### Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

### Statement of Acceptable Minimum Sample Size

Specified

## Target Population Age

Age greater than or equal to 18 years

## Target Population Gender

Either male or female

# National Strategy for Quality Improvement in Health Care

## National Quality Strategy Aim

Better Care

## National Quality Strategy Priority

Health and Well-being of Communities

Person- and Family-centered Care

Prevention and Treatment of Leading Causes of Mortality

# Institute of Medicine (IOM) National Health Care Quality Report Categories

## IOM Care Need

Staying Healthy

## IOM Domain

Effectiveness

Patient-centeredness

# Data Collection for the Measure

## Case Finding Period

The measurement year

## Denominator Sampling Frame

Enrollees or beneficiaries

## Denominator (Index) Event or Characteristic

Clinical Condition

Encounter

Patient/Individual (Consumer) Characteristic

## Denominator Time Window

not defined yet

## Denominator Inclusions/Exclusions

Inclusions

The number of eligible members who responded to the survey and indicated that they were current smokers or tobacco users (commercial, Medicaid, and Medicare) and had one or more visits during the measurement year (Medicare)

Member response choices must be as follows to be included in the denominator:

Do you now smoke cigarettes or use tobacco every day, some days, or not at all? = "Every day" or "Some days"

In the last 12 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan? = "Never" or "Sometimes" or "Usually" or "Always"

Note:

*Eligible Population:* Members age 18 years and older as of December 31 of the measurement year who were continuously enrolled during the measurement year (commercial), the last six months of the measurement year (Medicaid), or for six months prior to the Centers for Medicare & Medicaid Services (CMS) administration of the survey (Medicare).

*Allowable Gap:* No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage.

Refer to original measure documentation for additional information regarding eligibility.

Exclusions

Unspecified

## Exclusions/Exceptions

not defined yet

## Numerator Inclusions/Exclusions

Inclusions

The number of members in the denominator who indicated that they received advice to quit from a doctor or other health provider by answering "Sometimes" or "Usually" or "Always" to the following question:

In the last 12 months, how often were you advised to quit smoking or using tobacco by a doctor or other health provider in your plan?

Exclusions

Unspecified

## Numerator Search Strategy

Fixed time period or point in time

## Data Source

Administrative clinical data

Patient/Individual survey

## Type of Health State

Does not apply to this measure

## Instruments Used and/or Associated with the Measure

- CAHPS Health Plan Survey 5.0H, Adult Version
- Medicare CAHPS Survey

## Computation of the Measure

### Measure Specifies Disaggregation

Does not apply to this measure

### Scoring

Rate/Proportion

### Interpretation of Score

Desired value is a higher score

### Allowance for Patient or Population Factors

not defined yet

### Description of Allowance for Patient or Population Factors

This measure requires that separate rates be reported for commercial, Medicaid, and Medicare product lines.

### Standard of Comparison

not defined yet

## Identifying Information

### Original Title

Medical assistance with smoking and tobacco use cessation (MSC): advising smokers and tobacco users to

quit.

## Measure Collection Name

HEDIS 2016: Health Plan Collection

## Measure Set Name

Effectiveness of Care

## Measure Subset Name

Measures Collected Through CAHPS Health Plan Survey

## Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

## Developer

National Committee for Quality Assurance - Health Care Accreditation Organization

## Funding Source(s)

Unspecified

## Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

## Financial Disclosures/Other Potential Conflicts of Interest

In order to fulfill National Committee for Quality Assurance's (NCQA's) mission and vision of improving health care quality through measurement, transparency and accountability, all participants in NCQA's expert panels are required to disclose potential conflicts of interest prior to their participation. The goal of this Conflict Policy is to ensure that decisions which impact development of NCQA's products and services are made as objectively as possible, without improper bias or influence.

## Endorser

National Quality Forum - None

## NQF Number

not defined yet

## Date of Endorsement

2014 Dec 23

## Adaptation

For commercial and Medicaid members, this measure is collected using the HEDIS (Healthcare Effectiveness Data and Information Set) version of the CAHPS survey (CAHPS Health Plan Survey 5.0H, Adult Version).

For Medicare members, this measure is collected, calculated and reported by the Centers for Medicare & Medicaid Services (CMS) using the Medicare version of the CAHPS survey (Medicare CAHPS survey).

CAHPS 5.0 is sponsored by the Agency for Healthcare Research and Quality (AHRQ).

## Date of Most Current Version in NQMC

2015 Oct

## Measure Maintenance

Unspecified

## Date of Next Anticipated Revision

Unspecified

## Measure Status

This is the current release of the measure.

This measure updates previous versions:

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 3, specifications for survey measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

## Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#) .

For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org) .

## Companion Documents

The following are available:

National Committee for Quality Assurance (NCQA). The state of health care quality 2015. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct. 205 p.  
National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: [www.ncqa.org](http://www.ncqa.org) .

## NQMC Status

This NQMC summary was completed by ECRI on August 7, 2003. The information was verified by the measure developer on October 24, 2003.

This NQMC summary was updated by ECRI on June 16, 2006. The updated information was not verified by the measure developer.

This NQMC summary was updated by ECRI Institute on April 21, 2008. The information was verified by the measure developer on May 30, 2008.

This NQMC summary was updated by ECRI Institute on March 27, 2009. The information was verified by the measure developer on May 29, 2009.

This NQMC summary was updated by ECRI Institute on April 30, 2010, May 25, 2011, November 26, 2012, June 11, 2013, April 4, 2014, May 12, 2014, and again on February 19, 2016.

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## Production

## Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 3, specifications for survey measures. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

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